3 simple steps to reduce Non-Ventilator Hospital Acquired Pneumonia (NVHAP)

1. Oral

Ask patients to brush their teeth and tongue (1-2 min.), rinse their mouth (30 sec.) and apply non-petroleum-based lip moisturizer (after meals and before bedtime) 3-4x per day

2. Early mobility

Set personalized mobility goals with your patient during bedside shift report, identifying times each day to walk around or to increase movement

3. Educate

Educate the patient on how important it is for them to do this every day of their stay to reduce their risk of NVHAP

Pneumonia is the #1 hospital-acquired infection in the U.S.
Most cases occur in non-ventilated patients.

*Some patients may require assistance, including use of a suction toothbrush.

NVHAP key facts

- **Mortality and hospital rates** for NVHAP and ventilator acquired pneumonia (VAP) are similar
- NVHAP can develop as soon as **48 hours after admission**
- Pneumonia is the **#1 cause of sepsis**
- Sick patient with NVHAP experience **2-4x longer hospital stay and 5-8x higher mortality** than sick patients without NVHAP
- NVHAP increases the risk of discharge to long-term, care, hospice or palliative care

Oral care

In the absence of regular oral care, biofilm in the oral cavity can contain up to **20 billion microbes.**

- Oral microbes can duplicate every 5 hours
- Microaspirations during sleep can bring **100 million bacteria/mL to the lungs**
- Tooth brushing is necessary, as oral rinse alone will not eliminate it

Early mobility

What can you do with your patient?

- Set goals – two/three times per day or ensure movement in bed
- Set a schedule and encourage them to get out of bed for meals
- Make it fun! Tour the unit or introduce to care team

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